

INDIANA FATHERS & FAMILIES FUNDING APPLICATION COVER SHEET

Follow Instructions Carefully

FORM 1

1. Title of Program	
2a. Name of Principal Contact for Application	
2b. Position Title for Principal Contact	2c. Telephone Number and Fax of Principal Contact
2d. Mailing Address of Principal Contact	2e. Web site address and E-mail address (if applicable)
3. Application Will Fund <input type="checkbox"/> New Program <input type="checkbox"/> Existing Program	4. Geographic Area of Major Impact (Cities or Counties)
5a. Budget Period: <div style="text-align: center;">From <u>July 1, 2003</u> through <u>June 30, 2004</u></div>	
5b. Estimate number of individuals to be served: <div style="text-align: center;">-</div>	
6. Amount Requested (must correspond to Form 4 and 5) \$ _____ Total Program Cost \$ _____ Funds From Other Sources \$ _____ Total Amount Requested from FSSA	
7. Applicant Organization Name of Organization: _____ Organization Address (Street, city, State and Zip Code): _____ Person authorized to make legal and contractual agreements: _____	
8. Type of Organization (may check more than one, if applicable) <input type="checkbox"/> For-Profit Corporation <input type="checkbox"/> Not-for-profit Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Faith-based <input type="checkbox"/> School Corporation <input type="checkbox"/> Other	9. Federal ID Number
10. Is the applicant organization in good standing with the Indiana Secretary of State? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (governmental entity, including school corporation)	
11. Official Custodian of Funds Name: _____ Phone: _____	
12. Signature of Principal Program Director _____ Assurance: I agree to accept responsibility for the conduct of the project and to provide the required progress reports if a contract is awarded as a result of this application.	13. Signature of Person in 7. Date _____ _____

INDIANA FATHERS & FAMILIES - Proposed Measurable Outcomes or Goals

Program Name: _____

Please indicate which of the following measurable outcomes or goals the proposed program will address:

Primary Goals (at least one must be checked)

- _____ 1. Increase fathers' **involvement with their children**
- _____ 2. Increase fathers' **parenting skills**
- _____ 3. Improve **co-parenting relationships**
- _____ 4. Increase **paternity establishment**
- _____ 5. Increase **child support collections**

Secondary Goals

- _____ 6. Increase high school graduation rate/GED attainment
- _____ 7. Decrease out-of-wedlock pregnancies
- _____ 8. Improve fathers' work maturity skills

SAMPLE SERVICE PLAN

Program Title:

Choose your proposed Measurable Outcomes from primary goals 1 through 5 and/or secondary goals 6 through 8, and/or additional measurable outcomes from the Attachment A.

Measurable Outcome or Goal: (2) Increase fathers' parenting skills (See Attachment A for appropriate Component Code)

Target Population(s): Fathers from the community

Component Description: Parenting Education to increase father's parenting skills: Participants will complete one session of eight (8) one-hour parenting classes including, but not limited to, age appropriate discipline methods, social-emotional and mental developmental stages, nutrition and health, and working with the school system. Participants will demonstrate their ability to apply five of seven newly acquired parenting skills through role playing and/or observation by staff of hands on application or self-reporting. Pre- and post-test to be administered at the beginning and completion of session to assess participant's knowledge and understanding of concepts presented in the classes.

PROPOSED SERVICE PLAN

Measurable Outcome/Component Code (from Attachment A):

Target Population(s):

Component Description (Services):

Measurable Outcome/**Component Code:** _____

Target Population(s): _____

Component Description (Services): _____

Measurable Outcome/**Component Code:** _____

Target Population(s): _____

Component Description (Services): _____

Measurable Outcome/**Component Code:** _____

Target Population(s): _____

Component Description (Services): _____

Measurable Outcome/**Component Code:** _____

Target Population(s): _____

Component Description (Services): _____

Measurable Outcome/**Component Code:** _____

Target Population(s): _____

Component Description (Services): _____

Measurable Outcome/**Component Code:** _____

Target Population(s): _____

Component Description (Services): _____

Attach additional sheets OR complete simplified Attachment A – Form 5

**INDIANA FATHERS & FAMILIES
PROGRAM BUDGET FOR CONTRACT PERIOD**

Program Name: _____

Budget Period: August 1, 2004 through June 30, 2005

EXPENSE LINE ITEMS	Column A Total Program Costs	Column B Funds from other Sources	Column C FSSA Requested Funds
Personnel – Wages			
Personnel fringes including employer paid taxes			
Sub-Contractor/Consultant Fees (If applicable)			
Supplies and Postage			
Equipment			
In-State Travel Costs *			
Out-of-State Travel Costs *			
Other Direct Services and Expenses (Describe: _____)			
Allocated Costs - Facilities			
Allocated Cost - Other (Describe: _____)			
Total Cost of Program			

- *Subject to State of Indiana travel guidelines and limitations*

**SIMPLIFIED ATTACHMENT A
WITH COMPONENT DESCRIPTIONS**

SUMMARY OF OUTCOMES/PAYMENT POINTS

Program Title:

Total Amount Requested by Applicant: \$ _____

Agreement # (if known):

PROCESS OBJECTIVE:

*Note: From the total available outcomes listed below, **choose the Services and Outcomes applicable to your program goals by placing a check mark in the space provided beside the Component Code.** Outcomes and payment points (marked with an asterisk*) are contained on the Attachment A and have already been transferred to this form for your convenience. Services with "Component Descriptions" that are blank, or partially blank, are to be completed by summarizing the services described on your "Sample Service Plan." For others, the Attachment A provides suggestions which may be tailored to meet the proposed measurable outcomes of your specific program.*

SERVICE CODE: 0003 ASSESSMENT

_____ Component Code: .AS*

Component Description: Initial Assessment: Father identified as non-custodial, custodial, or putative. Face-to-face assessment to include number and ages of children, current level of father-child interaction (type and frequency), current relationship with co-parent, educational level of all family members, work and child support history of father, barriers to interaction with child and family, past services and outcome, and reason for seeking additional services. (Gather any additional pertinent information that will enhance delivery of services.)

Unit Cost: \$50 maximum per client per assessment

_____ Component Code: .IDP*

Component Description: Individual Service Plan: Services to be determined by initial assessment. For reporting and program evaluation purposes, the IDP should be reviewed at completion of program to determine if goals were reached. Copy in case file signed by participant.

Unit Cost: \$50 maximum per client one time only

SERVICE CODE 0005 BASIC EDUCATION

_____ Component Code: .1

Component Description: Increased Involvement of non-custodial father with Child(ren)
(See Attachment A for service suggestions and requirements.)

Unit Cost: \$100 maximum per client

_____ Component Code: .1-2

Component Description: Increased Involvement of non-custodial father with Child(ren)
(See Attachment A for service suggestions and requirements.)

Unit Cost: \$250 maximum per client

_____ Component Code: .5

Component Description: Increased Parenting Skills C-1 (Must document non-custodial or putative father's ability to apply or implement at least four (4) newly acquired skills. (See Attachment A for service suggestions.)

Unit Cost: (To be assigned)

_____ Component Code: .5-2

Component Description: Increased Parenting Skills C-2-- Document father's ability to understand, apply and implement at least six (6) newly acquired skills. (See Attachment A)

Unit Cost: (To be assigned)

_____ Component Code: .PEP

Component Description: Partial Completion of Parenting Education (See Attachment A)

Unit Cost: (To be assigned)

_____ Component Code .PEP-2

Component Description: Completion of Parenting Education (See Attachment A)

Unit Cost: (To be assigned)

_____ Component Code .6

Component Description: Improving Co-Parenting Relations (See Attachment A)

Unit Cost: (To be assigned)

_____ Component Code: .PG*

Component Description: GED attainment or high school graduation documented with services provided in case file that enabled client to reach the goal.

Unit Cost: \$50 maximum per client

_____ Component Code: .PP

Component Description: Pregnancy Prevention Workshop to decrease out-of-wedlock pregnancies (See Attachment A)

Unit Cost: (To be assigned)

SERVICE CODE 0006 JOB READINESS

_____ Component Code: .02

Component Description: Work Maturity Skills or Employment Assistance (See Attachment A for service suggestions.)

Unit Cost: \$40 per hour with three (3) hour limit per client

SERVICE CODE 0007 MISCELLANEOUS

_____ Component Code: .01*

Component Description: Support Group Meetings for participants with issues relating to fatherhood and personal growth willing to share experiences and successes/failures with parents with similar concerns. May be open to co-parents of participating fathers. Staff member in attendance. Notes on content of discussions and client attendance records in case files. Limited to six (6) group meetings per participant at \$20 per meeting.

Unit Cost: \$20 per session with six (6) session limit per person

SERVICE CODE 0008 CASE MANAGEMENT

_____ Component Code: .2*

Component Description: Paternity Established with documentation in case file that father understands the legal obligations of the establishment of paternity and enforcement consequences.

Unit Cost: \$40 maximum per client per child

_____ Component Code: .3*

Component Description: Increased Child Support Collections billable upon documentation of **eight (8) consecutive weekly payments** of court-ordered child support equal to or greater than the court order. Father to provide proof through the Clerk's Office, or Prosecutor through ISETS, whichever is applicable.

Unit Cost: \$50 maximum per client/one time only per child

_____ Component Code: .3-2*

Component Description: Increased Child Support Collections billable upon documentation of **four (4) consecutive bi-weekly payments** of court-ordered child support equal to or greater than the court order. Father to provide proof through the Clerk's Office, or Prosecutor through ISETS, whichever is applicable.

Unit Cost: \$50 maximum per client/one time only per child

_____ Component Code: .6*

Component Description: Co-Parenting Plan developed, agreed upon, and signed by both parents with copy in case file. Payment upon documentation that plan is being followed and improving level of cooperation between parents after two (2) months of implementation. Initial assessment may be used as baseline for documenting improvement. Not to be used in conjunction with mediation.)

Unit Cost: \$100 maximum per client/one time only per co-parent

_____ Component Code: .CM*

Component Description: Individual Case Management (preferably face-to-face contact) with documentation of discussions, date, time, place of session, participants, and reason for contact. Limited to ten (10) hours per client and billable in increments of one-half hour at \$15 per half-hour.

Unit Cost: \$15 maximum per half-hour session or total contact time, if not face-to-face

_____ Component Code: .CO*

Component Description: Counseling Session Complete – Reserved for issues not amenable to group discussion. Documentation of content, date, time, place and participants in case file. Limited to ten (10) hours per client and billable in one-hour increments only.

Unit Cost: \$35 maximum per hour

_____ Component Code: .CR*

Component Description: Court Related Activity – Court papers compiled and filed; content of reports and testimony in case file. May include pro bono attorney referrals with documented access to attorney's services in case file. Billable per activity at not more than \$60 per activity. (List the activities you expect to provide)

Unit Cost: \$60 maximum per activity

_____ Component Code: .MD*

Component Description: Mediation Session – Negotiation of co-parenting issues relating to visitation, or other barriers to parent-child interaction. Documentation of session content, date, time, place and participants in case file. Billable in half-hour increments of \$25.

Unit Cost: \$25 maximum per half-hour

_____ Component Code: .SV*

Component Description: Supervised Visitation Session completed with notes in case file and the expectation of a decrease in supervised visits leading to an increase in open visitation. Billable in one-half hour increments of \$30 and limited to 20 hours per client.

Unit Cost: \$30 maximum per half-hour

ATTACHMENT A

FATHERS & FAMILIES 2005 SERVICE AND COMPONENT CODES

Note: Components with an asterisk * have been assigned a maximum payment point for all providers and are non-negotiable. Components with classroom instruction, workshops, etc., will be assigned payment points according to the component description and proposed outcomes.

SERVICE CODE 0003 ASSESSMENT

Component Code: .AS* - Assessment

Component Description: Father identified as non-custodial, custodial or putative. Face-to-face assessment to include number and ages of children, current level of father-child interaction (type and frequency), current relationship with co-parent, educational level of all family members, work and child support history of father, barriers to interaction with child and family, past services received and outcome, and reason for seeking additional services.

Unit Cost: \$50 maximum one time only per client

Component Code: .IDP* – Individual Development Plan

Component Description: Individual Development/Service Plan: Services determined by initial assessment. For reporting and program evaluation purposes, IDP should be reviewed at completion of services to determine if goals were attained. Copy in case file signed by participant.

Unit Cost: \$50 maximum one time only per client

SERVICE CODE 0005 BASIC EDUCATION

Component Code: .1* - Increased Involvement with Child

Component Description: Increased involvement with child(ren) payable when non-custodial father has documented increased communication/involvement with at least one child by a minimum of four (4) contacts within a month – (contacts may be in person, by phone, e-mail, letters, etc., and may be educational, recreational or social in nature). Current involvement determined by initial assessment and increased involvement by post assessment after two months enrollment. Documentation of services required to achieve the goal must be in case file.

Unit Cost: \$100 maximum per client

Component Code: .1-2* – Increased Involvement with Child

Component Description: Increased involvement of non-custodial father with at least one child by completing at least 6 out of 10 possible enrichment activities and/or other structured activities with fathers and their children. May include attending pre-school and/or school functions during and after hours, accompanying or taking child to medical appointment, providing emergency contact numbers, assisting in developing disciplinary processes and rewards for the child, and other forms of interaction including play and leisure time activities. All activities must be documented in case file and goal attainment determined by level of interaction at initial assessment.

Unit Cost: \$250 maximum per client

Component Code: .5 - Increased Parenting Skills (C-1)

Component Description: Curriculum 1 (for non-custodial fathers) - describe specific outcomes and methods or tools to be used and course content. Copies of pre- and post-tests or other assessment tools in case file along with attendance records. Documentation of ability to apply or implement at least four (4) newly acquired skills required.

Unit Cost: To be assigned

Component Code: .5-2 Increased Parenting Skills – C2

Component Description: Increased parenting skills - Curriculum 2 - document same as above. Must document ability to understand (pre- and post-test) and apply or implement at least six (6) newly acquired skills.

Unit Cost: To be assigned

Component Code: PEP – Partial Completion of Parenting Education

Component Description: Parenting Education Classes such as “It’s My Child, Too!” Document outcomes to be achieved and tools for accomplishing goal(s). Copies of all participant activities, tests/assessments, and attendance record in case file.

Unit Cost: To be assigned

Component Code: .PEP-2 Completion of Parenting Education

Component Description: Parenting Education Completed: Document outcomes to be achieved and tools for accomplishing goal. Copies of all participant activities and tests/assessments must be in case file.

Unit Cost: To be assigned

Component Code: .6 - Improve Co-Parenting Relationships

Component Description: Improve co-parenting relationships – (specify whether classroom instruction, support groups, case management, etc.) Topics to include, but not limited to, conflict resolution, anger management, barriers to child and family interaction, financial issues, scheduling coordination, working with child care providers and the school system, and other common issues relating to children. Specify measures that will document the expected improvement or changes at completion of goal as determined by the initial assessment or IDP. Limited to five (5) hours per client.

Unit Cost: To be assigned

Component Code: .PG* - Basic Education Outcome Payment

Component Description: GED attainment or high school graduation documented in case file with description of services provided that enabled client to reach the goal.

Unit Cost: \$50

Component Code: .PP - Pregnancy Prevention

Component Description: Decreasing out-of-wedlock pregnancies: Workshop(s) to include, but not limited to, emphasizing the importance of two parents to a child's emotional, social and mental well-being, the completion of the parents' education through at least high school/GED attainment, their ability to meet the family's financial obligations/needs, and the establishment of career goals and work history prior to fathering a child. Document increased knowledge and understanding of the goal with copies of pre- and post-assessments and attendance in case file.

Unit Cost: To be assigned

SERVICE CODE **0006** **JOB READINESS**

Component Code: .02 - Work Maturity Skills/Employment Assistance

Component Description: Increasing work maturity skills and providing employment assistance including, but not limited to, resume development, interview skills and follow-up, practice job application completion, career options, local job market opportunities, training needs, etc. Specify number of classes, or instructional hours, and activities. Instructional content and completed activities (resume, job application) must be documented with copies in case file. Limited to three (3) hours of billable services at \$40 per hour per client.

Unit Cost: \$40 maximum per hour per client

SERVICE CODE 0007 MISCELLANEOUS

Component Code: .01* - Social Services Plan Elements

Component Description: Support Groups for participants with issues relating to fatherhood and personal growth willing to share experiences and successes/failures with parents with similar concerns. May be open to co-parents of participating fathers. Staff member in attendance. Notes on content and client attendance in case files. Limited to six (6) sessions at \$20 per session per participant.

Unit Cost: \$20 maximum per session

SERVICE CODE 0008 CASE MANAGEMENT

Component Code: .2* - Paternity Establishment

Component Description: Paternity established and documented in case file. Documentation that father understands legal obligations of establishment of paternity and enforcement consequences in case file.

Unit Cost: \$40 maximum per client per child

Component Code: .3* - Increased Child Support Collections

Component Description: Billable upon documentation of **eight (8) consecutive weekly payments** of court-ordered child support equal to or greater than the court order. Father to provide proof from Clerk's Office, or Prosecutor through ISETS, whichever is applicable.

Unit Cost: \$50 maximum per client/one time only per child

Component Code: .3-2* Increased Child Support Collections

Component Description: Billable upon documentation of **four (4) consecutive bi-weekly payments** equal to or greater than the court order. Father must provide proof from Clerk's Office, or Prosecutor through ISETS, whichever is applicable.

Unit Cost: \$50 maximum per client/one time only per child

Component Code: .6* Improve Co-Parenting Relations

Component Description: Development of Plan for Co-Parenting agreed upon and signed by participants with copy in case file. Payment upon documentation that plan is being followed and improving level of cooperation between parents after two (2) months of implementation. (Not to be used in conjunction with mediation.)

Unit Cost: \$100 maximum per client/one time only per co-parent

Component Code: .CM* - Case Management

Component Description: Individual Case Management: Must document content of discussions and date, time, place of session, and participants. Limited to ten (10) one-hour sessions per client. Billable in one-half hour increments at \$15 per client.

Unit Cost: \$15 maximum per half-hour session

Component Code: .CO* - Individual Counseling Sessions

Component Description: Counseling Session Complete: Reserved for issues not amenable to group discussion. Documentation of content, date, time, place and participants in case file. Limited to ten (10) hours per client and billable in one-hour increments only at \$35..

Unit Cost: \$35 maximum per hour per client

Component Code: .CR* - Court Related Activity

Component Description: Court papers compiled and filed; content of reports and testimony in case files. May include pro bono attorney referral with documented access to attorney's services in case file. Billable per activity at no more than \$60 per activity. List proposed activities.

Unit Cost: \$60 maximum per activity per client

Component Code: .MD* - Mediation Session

Component Description: Negotiation of co-parenting issues relating to visitation, or other barriers to parent-child interaction. Documentation of session to include content, date, time, place, and participants in case file. Billable in half-hour increments of \$25. Limited to six (6) hours per client. (Not to be used in conjunction with ..6-Development of Co-Parenting Plan.)

Unit Cost: \$25 maximum per half-hour per client

Component Code: .SV* – Supervised Visitation

Component Description: Documentation of supervised visitation session completed with notes in case file and expectation of a decrease in supervised visits leading to and increase in open visitation. Billable in one-half hour increments. Limited to twenty (20) hours of visitation per client.

Unit Cost: \$30 maximum per half-hour per client

ATTACHMENT B

Please List and Describe Organizations and Programs Funded in 2004

The Parenting Dimension Inventory

(May be used in conjunction with Initial Assessment or development of IDP)

Answer the following questions about your relationship with your child over the last two months. If the question does not make sense to for your child, then circle DA for doesn't apply.

<i>Not at all Descriptive of me 1</i>	<i>Slightly Descriptive of me 2</i>	<i>Somewhat Descriptive of me 3</i>	<i>Fairly Descriptive of me 4</i>	<i>Quite Descriptive of me 5</i>	<i>Highly Descriptive of me 6</i>	<i>Doesn't Apply to me DA</i>			
			1	2	3	4	5	6	DA
1. I encourage my child to talk about his/her troubles.			1	2	3	3	5	6	DA
2. I always follow through on discipline for my child, no matter how long it takes.			1	2	3	4	5	6	DA
3. Sometimes it is so long between occurrence of a misbehavior and an opportunity for me to deal with it that I just let it go.			1	2	3	4	5	6	DA
4. I do not allow my child to get angry with me.			1	2	3	4	5	6	DA
5. There are times I just don't have the energy to make my child behave as he/she should.			1	2	3	4	5	6	DA
6. My child can often talk me into letting him/her off easier than I had intended.			1	2	3	4	5	6	DA
7. My child convinces me to change my mind after I have refused a request.			1	2	3	4	5	6	DA
8. I think a child should be encouraged to do things better than others.			1	2	3	4	5	6	DA
9. My child and I have warm intimate moments together.			1	2	3	4	5	6	DA
10. I encourage my child to be curious, to explore, and to questions things.			1	2	3	4	5	6	DA
11. I find it interesting and educational to be with my child for long periods.			1	2	3	4	5	6	DA
12. I don't think children should be given sexual information from their parents.			1	2	3	4	5	6	DA
13. I believe a child should be seen and not heard.			1	2	3	4	5	6	DA
14. I believe that parents who start a child talking about his/her worries don't realize that sometimes it is better to leave well enough alone.			1	2	3	4	5	6	DA
15. I encourage my child to express his/her opinions.			1	2	3	4	5	6	DA
16. I make sure my child knows that I appreciate what he/she tries to accomplish.			1	2	3	4	5	6	DA
17. I let my child know how ashamed and disappointed I am when he or she misbehaves.			1	2	3	4	5	6	DA

The Parenting Dimension Inventory (continued)

18. I believe in toilet training a child as soon as possible.	1	2	3	4	5	6	DA
19. I believe that most children change their minds so frequently that it is hard to take their opinions seriously.	1	2	3	4	5	6	DA
20. I have little or no difficulty sticking with my rules for my child even when close relatives are there.	1	2	3	4	5	6	DA
21. When I let my child talk about his/her troubles, he/she ends up complaining even more.	1	2	3	4	5	6	DA
22. I expect my child to be grateful and appreciate all the advantages he/she has.	1	2	3	4	5	6	DA
23. Once I decide how to deal with misbehavior of my child, I follow through on it.	1	2	3	4	5	6	DA
24. I respect my child's opinion and encourage him/her to express it.	1	2	3	4	5	6	DA
25. I never threaten my child with punishment unless I'm sure I will carry it out.	1	2	3	4	5	6	DA
26. I believe that once a family rule has been made, it should be strictly enforced without exception.	1	2	3	4	5	6	DA